



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

| | | |
|--|--|---|
| DUE DATES: | First Semester | Second Semester |
| | February 1 to County Superintendent February 15 to State Superintendent | May 10 to County Superintendent May 24 to State Superintendent |
| COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: | | |

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

| Date | | | Signature, Chair, Board of Trustees | | |
|-----------------------------|------------|--------|--|------------|---------------------------------------|
| County: 55 Wibaux | | | District: 0964 Wibaux K-12 Schools | | District Level: High School |
| District # | Contract # | Shared | Family's Name | Daily Rate | # of Days Transported |
| 6 | 1373 | No | DELP, CARLA | 2.00 | _____ |
| 6 | 1374 | No | DUKART, LAURA | 0.50 | _____ |
| 6 | 1375 | No | KREITINGER, STEVE | 0.75 | _____ |
| 6 | 1376 | No | MISKE, ROBERT | 0.25 | _____ |
| 6 | 1378 | No | PHIPPS, CHARLES & KIM | 10.50 | _____ |
| 6 | 1379 | No | SCHWERS, HOLLY | 6.50 | _____ |
| 6 | 1380 | No | TOUSIGNANT, LISA | 2.40 | _____ |
| 6 | 1417 | No | SCHIEFFER, COREY | 4.00 | _____ |
| 6 | 2007 | No | PINNOW, GORDON & JULIE | 0.58 | _____ |
| 6 | 2385 | No | Mordhorst, Hilda | 1.88 | _____ |
| 6 | 2386 | No | Fuller, Richard | 2.90 | _____ |